

BEFORE THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF DAWN MARIE SMITH RONSPIEZ KARLIN, R.N., APRN-CNM, L.p.n.
LICENSE NO. R0076671 SINGLE-STATE LICENSE
LICENSE NO. L0045375 SINGLE-STATE LICENSE (LAPSED)

NOTICE OF HEARING

August 13, 2018

TO: Dawn Karlin
2000 Pinnacle Drive
Weatherford, Oklahoma 73096

You are hereby notified that a Nurse Investigator with the Oklahoma Board of Nursing [hereinafter Board] has filed a Complaint charging you with a violation(s) of the Oklahoma Nursing Practice Act, 59 O.S. §567.1, *et seq.* [hereinafter Act]. Jurisdiction for this action is based upon the Act, 59 O.S. §§567.1, *et seq.*, and the Rules promulgated by the Board, OAC 485:10-11-1., *et seq.*, and the particulars alleged in the Complaint.

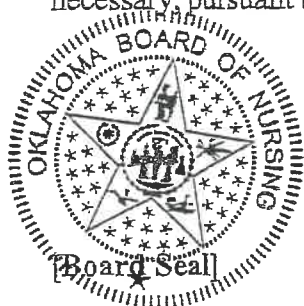
You are further notified pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. §309, and Section 485:10-11-2. of the Rules promulgated by the Oklahoma Board of Nursing, a hearing will be held at the Sheraton Oklahoma City Downtown, 1 N. Broadway Avenue, 2nd Floor Ballroom, Oklahoma City, Oklahoma, on November 8, 2018, at 8:30 a.m.

At this hearing the charges in the Complaint against you will be heard, witnesses and evidence produced and a determination made as to what disciplinary action, if any, should be imposed on you including the assessment of administrative penalties. *This hearing is your opportunity to attend in person, defend your actions, be represented by legal counsel of your own choice, cross-examine all witnesses, present evidence and witnesses and argument on all issues involved. You must bring fifteen (15) copies of any document(s) you plan on presenting to the Board.*

If for any reason a hearing is not completed and the Board finds that the public health, safety or welfare imperatively requires emergency action, the Board may take such emergency action with regard to the respondent's license as it deems necessary in order to protect the health, safety or welfare of the public OAC 485:10-11-2.(b)(14).

You are **required** to submit to the Oklahoma Board of Nursing a written **notarized Response** and a **Notice of Appearance** within twenty (20) days from date of this Notice. If these two documents are not timely submitted, the Oklahoma Board of Nursing may determine you have waived the right to present a defense, declare you in **default**, and revoke, suspend or otherwise discipline your license as it may deem necessary pursuant to the Rules promulgated by the Board, specifically, OAC 485:10-11-2. (b)(2) and (9).

Should you fail to appear at the hearing, after having received proper notice, you may be determined to have waived the right to present a defense to the charges in the Complaint and the Board may declare you in default and revoke, suspend or otherwise discipline your license as it may deem necessary, pursuant to the Rules promulgated by the Board, specifically, 485:10-11-2. (b)(2) and (9).



BY ORDER OF:
OKLAHOMA BOARD OF NURSING

CERTIFIED RESTRICTED DELIVERY

9236 0901 9461 9400 0000 0413 29

LG:tj

CERTIFICATE OF MAILING

This will certify that true and correct copies of the Complaint and Notice of Hearing have been placed in U.S. mail, via certified restricted delivery, postage prepaid to the following person(s) at her address of record with the Oklahoma Board of Nursing on this 13th day of August, 2018.


Legal Secretary

CERTIFIED RESTRICTED DELIVERY

9236 0901 9461 9400 0000 0413 29

Dawn Karlin
2000 Pinnacle Drive
Weatherford, Oklahoma 73096

THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF DAWN MARIE SMITH RONSPIEZ KARLIN, R.N., APRN-CNM, l.p.n.
LICENSE NO. R0076671 SINGLE-STATE LICENSE
LICENSE NO. L0045375 SINGLE-STATE LICENSE (LAPSED)

COMPLAINT

The Complaint of Lisa Griffiths, R.N., Nurse Investigator, Oklahoma Board of Nursing, respectfully states:

1. Respondent is Dawn Marie Smith Ronspiez Karlin, R.N., APRN-CNM, l.p.n.
2. Respondent is licensed to practice registered nursing in the State of Oklahoma, and is the holder of a single-state license, License No. R0076671 issued by the Oklahoma Board of Nursing ("Board"). Respondent is nationally certified to practice as a Certified Nurse-Midwife, Certification No. CNM0172 (expiration date December 31, 2020). Respondent is licensed by the Board as an advanced practice registered nurse-certified nurse midwife¹. Respondent is licensed to practice licensed practical nursing in the State of Oklahoma and is the holder of a single-state license, License No. L0045375. Respondent's licensed practical nurse license lapsed on January 1, 2004. The Respondent's licensing history is attached as pages 5-26 and made a part hereof.
3. Respondent fails to adequately care for patients or to conform to the minimum standards of acceptable nursing practice that, in the opinion of the Board, unnecessarily exposes a patient or other person to risk of harm; is guilty of any act that jeopardized a patient's life, health or safety as defined in the Rules of the Board; and is guilty of unprofessional conduct as defined in the Rules of the Board; specifically, OAC 485:10-11-1.(a)(b)(2)(3)(H)(4)(D), and is in violation of the provisions of the Oklahoma Nursing Practice Act, 59 O.S. §§567.1, *et seq.*, specifically, §§567.8 A.1.a.b.d.f. 2. 3. B. 3., 7. and 8., with the following particulars, to wit:

¹ Respondent initially obtained prescriptive authority on September 13, 2010 from the Board. On January 9, 2014 prescriptive authority was placed on inactive pursuant to Respondent's request.

- a. The Respondent, while working as an advanced practice registered nurse-certified nurse midwife ("APRN-CNM") for Moments of Bliss Midwifery Services, LLC in Weatherford, Oklahoma ("Midwifery"), failed to adequately care for Patient #1 and Patient #3 and their unborn babies and conform to the minimum standards of acceptable nursing practice as an APRN-CNM² exposing Patients, described *infra*, to avoidable risk of harm.
 - i. On or about April 11, May 5, June 2, July 1, 20, 28, August 24, September 22, October 17, November 3, 4, 5, 6 and 7, 2016 the Respondent provided midwifery care for Patient #1³ and her unborn baby and failed to: timely perform assessments, perform complete assessments, timely document assessments, adequately and appropriately monitor, follow the agreed terms in the Respondent's *Consent/Waiver for Vaginal Birth After Cesarean (VBAC)* ("Consent") executed prenatally on June 2, 2016 by the Respondent and Patient #1⁴ and timely transfer Patient #1 and her unborn baby to inpatient hospital care. On or about November 7, 2016 Patient #1's unborn baby (Infant-Patient #2) was born⁵ at Mercy Hospital in Oklahoma City, Oklahoma and thereafter the baby was transferred to the University of Oklahoma Medical Center in Oklahoma City, Oklahoma ("Medical Center"). On or about November 8, 2016 Infant-Patient #2 died⁶ at the Medical Center.⁷
 - ii. On or about May 12, June 9, July 6, August 4, September 9, October 6, 27, November 10, 23, December 5, 15, 22, 29, 2016, January 3, 10, 16, 17 and

²The Oklahoma Nursing Practice Act 59 O.S. §567.3a.9. states: "Nurse-midwifery practice" means providing management of care of normal newborns and women, antepartally, intrapartally, postpartally and gynecologically, occurring within a health care system which provides for medical consultation, medical management or referral, and is in accord with the standards for nurse-midwifery practice as defined by the American College of Nurse-Midwives;" See also, 59 O.S. §567.3a.8.

³ Patient #1's first delivery was via cesarean section on July 27, 2015; approximately 15 months prior to the delivery of Patient #1's baby on November 7, 2016.

⁴ The executed Consent terms, included in relevant part: "Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby." The Consent is attached as page 27 and made a part hereof.

⁵ Patient #1 was 36 weeks, and 5 days gestation when Infant-Patient #2 was born unresponsive, who presented with an unstable fetal lie to include a footling breech. The Infant-Patient #2 was resuscitated with Apgar scores of 0 at 1 minute and 1 at five minutes after birth. Apgar testing is the assessment of the newborn rating color, heart rate, stimulus response, muscle tone, and respirations on a scale of zero to two, for a maximum possible score of 10. Apgar testing is usually performed twice, first at one minute and then again at five minutes after birth.

⁶The Oklahoma State Department of Health death certificate documents Infant-Patient #2's cause of death on November 8, 2016: "Hypoxic Ischemic Encephalopathy".

⁷The Board received the reports of Oklahoma Nursing Practice Act violation(s) and patient(s) records in spring of 2018.

18, 2017 the Respondent provided midwifery care for Patient #3 and her unborn baby and failed to: timely perform assessments, perform complete assessments, timely document assessments, adequately and appropriately monitor, and timely transfer Patient #3 and her unborn baby to inpatient hospital care⁷. On January 18, 2017⁸ Patient #3's baby was born as a stillbirth at INTEGRIS Southwest Medical Center in Oklahoma City, Oklahoma ("Hospital").

4. Jurisdiction for this Complaint is based upon the statutes regulating nursing practice in the State of Oklahoma, i.e., the Oklahoma Nursing Practice Act, 59 O.S. §§567.1, *et seq.*, and the promulgated Rules by the Oklahoma Board of Nursing, OAC 485:10-11-1, *et seq.* and the facts alleged herein.

WHEREFORE, Complainant prays the Board take such action as may be just and proper with regard to the licenses to practice licensed practical nursing, registered nursing and advanced practice registered nursing-certified nurse midwife held by Dawn Marie Smith Ronspiez Karlin, RN, APRN-CNM, l.p.n., including the assessment of administrative penalties as provided in 59 O.S. §§567.8A.2., J.1. and 2., and OAC 485:10-11-2.(c), of the Rules promulgated by the Oklahoma Board of Nursing. In the event disciplinary action is imposed, the Complainant requests that the Respondent reimburse the Board for the applicable costs of the investigation, as provided in 59 O.S. §§567.8.M.

⁸Respondent documented Patient #3 was 41 weeks and 6 days gestation when she delivered a stillbirth baby. The Physician's Hospital Discharge Diagnosis for Patient #3 provided: s/p (status post) placental abruption, s/p uterine scar dehiscence and RLTCs (repeat low transverse cesarean section) with fetal demise.

DATED AND FILED with the Oklahoma Board of Nursing this 13th day of August 2018.

Lisa Griffiths
LISA GRIFFITTS, R.N.

STATE OF OKLAHOMA)
)
COUNTY OF OKLAHOMA)

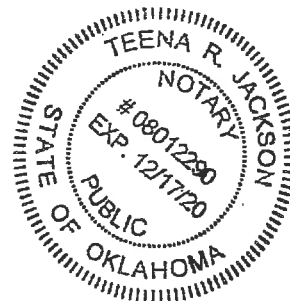
Lisa Griffiths, R.N., Nurse Investigator, Oklahoma Board of Nursing, is the Complainant in the above matter before the Oklahoma Board of Nursing; that she has read the Complaint and knows the contents thereof, and the facts set forth therein are true to the best of her information and belief.

Lisa Griffiths
LISA GRIFFITTS, R.N.

SUBSCRIBED AND SWORN to me before this 13th day of August 2018.

Teena R. Jackson
NOTARY PUBLIC
My Commission expires:

DMC/2018-1889





OKLAHOMA BOARD OF NURSING

2915 CLASSEN BOULEVARD • SUITE 524 • OKLAHOMA CITY, OKLAHOMA 73106-5437 • (405) 962-1800

www.ok.gov/nursing • Fax (405) 962-1821

LICENSING HISTORY

IN THE MATTER OF DAWN MARIE SMITH RONSPIEZ KARLIN, R.N.,
APRN-CNM, Lp.n.
LICENSE NO. R0076671 SINGLE-STATE LICENSE
LICENSE NO. L0045375 SINGLE-STATE LICENSE (LAPSED)

In August 2000, Respondent entered Redlands Community College in El Reno, Oklahoma.

On July 6, 2001, after taking the PN equivalency exam, Respondent was licensed by exam as a licensed practical nurse.

On January 1, 2004, Respondent's licensed practical nurse license lapsed.

On May 6, 2002, Respondent graduated from Redlands Community College in El Reno, Oklahoma.

On May 30, 2002, Respondent was licensed by exam as a registered nurse.

On July 10, 2002, a name change was made at the licensee's request.

On June 12, 2010, Respondent graduated from the University of Cincinnati in Cincinnati, Ohio.

On August 26, 2010, Respondent was licensed as an advanced practice registered nurse-certified nurse midwife.

On September 14, 2010, Respondent was granted prescriptive authority recognition.

On January 9, 2014, Respondent's prescriptive authority recognition was placed on inactive at licensee's request.



OKLAHOMA BOARD OF NURSING

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Written Verification of Oklahoma Licensure/Recognition

Name: KARLIN, DAWN MARIE
Address: 2000 PINNACLE DR
WEATHERFORD, OK 73096

License Type: Licensed Practical Nurse 1st Issued OK*2001/07/06
License Number: L 45375, SSL Expiration:
License Status: Lapsed
Licensed by: Examination

Education:
School: PARTIAL RN EDUCATION TAKING PN
Location:
Type of Program: PN Equivalency
Graduation Date:
Oklahoma schools hold state approval.

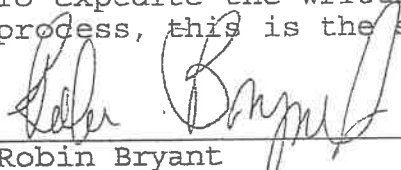
Licensure Exam Date: 2001/07/03

Education and examination information may be considered primary source verification only if licensee was licensed by examination. If licensed by endorsement, education and examination information should be verified with original state of licensure.

A certified copy will have the Seal of the Oklahoma Board of Nursing.

No disciplinary action has been taken by the Oklahoma Board of Nursing.

*First Issued Date does not imply continual licensure/recognition status from that date forward.
To expedite the written verification of licensure/certification process, this is the standard format for all written verifications.


Robin Bryant
Administrative Technician
Regulatory Services Division
August 13, 2018



OKLAHOMA BOARD OF NURSING
2915 North Classen Blvd., Suite 524
Oklahoma City, Oklahoma 73106
405/962-1800

RECEIVED
MAY 05 2001
OBN

OFFICE USE ONLY ^{P.136}
O-S Rewrite
RN EQ\Grad EQ
Approved by AMC 5-21-01

PART I
PRACTICAL NURSE
APPLICATION FOR CERTIFICATE
BY EXAMINATION

I hereby make application for a Certificate as a Licensed Practical Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.1-577.16)

(MUST BE TYPEWRITTEN)

Social Security #
Male _____ Female x

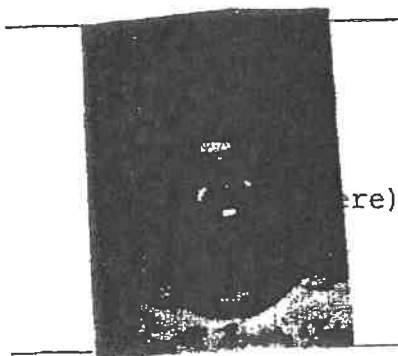
1. FULL LEGAL NAME Dawn Marie Smith Ronspiez
First Middle Maiden Married
2. THREE FULL NAMES Dawn Marie Ronspiez
TO APPEAR ON LICENSE (No initials)
3. MAILING ADDRESS 2451 Townsend Drive
El Reno OK 73036 405-262-4114
City State Zip Phone No.
4. BIRTH DATE _____ PLACE OF BIRTH Oklahoma City/OK US CITIZEN: Yes x No _____
Mo/Day/Yr City/State
5. HIGH SCHOOL NAME Minco High School LOCATION Minco, OK
Date of high school graduation 05/1990 or Date of GED _____
6. NAME OF NURSING SCHOOL Redlands Community College
Location (City/State) El Reno/ OK

Practical Nurse Program? _____ Registered Nurse Program? x
Other _____
Date of Entrance 08/2000 Date of Completion 05/2002
7. Were you enrolled in a program of registered or practical nursing other than the above named one? Yes _____ No x
If yes, where? _____
8. Have you ever applied for registered or practical nurse licensure by exam in any state? Yes _____ No x If yes, identify date(s) and state(s): _____
9. Have you ever held a license or certificate in any health care field?
Yes _____ No x
If yes, state held: _____ Lic/Cert type: _____ Lic/Cert Number: _____

RONSPIEZ, Dawn

10. Have you been arrested for any offense within the past five years? Yes _____ No x
11. Have you been convicted for any offense within the past five years? Yes _____ No x
12. Have you received a deferred sentence, including expunged offenses, within the past five years? Yes _____ No x
13. Have you ever been convicted of a felony? Yes _____ No x
14. Have you ever had disciplinary action taken on any health-related license in Oklahoma or any other state, territory or country? Yes _____ No x
15. Have you ever been judicially declared incompetent? Yes _____ No x

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FROM 10 THROUGH 15, PLEASE SUBMIT A LETTER THAT DESCRIBES THE LOCATION AND CIRCUMSTANCES OF THE INCIDENT AND THE RESULTING ACTION TAKEN BY THE COURT OR DISCIPLINARY BOARD. THE LETTER SHOULD ACCOMPANY THIS APPLICATION AND BE SUBMITTED AT LEAST FOUR MONTHS PRIOR TO NURSING PROGRAM COMPLETION.



Photograph must meet the following guidelines: size 2"x2" with minimum 1" full face view without glasses; signed and dated on the front. Do not sign across the face view.

AFFIDAVIT

(To be filled out by applicant before a Notary Public)

SIGN FULL NAME, INCLUDING MIDDLE NAME (NO INITIALS)
IF NO MIDDLE NAME, INDICATE "NMN". DO NOT PRINT.

I certify that I am the applicant who is referred to in the foregoing application for certificate as a Licensed Practical Nurse in the state of Oklahoma and that the statements therein contained are true in every respect.

Signature of applicant: Dawn Marie Smith Ronson
 First Middle Maiden Married

Subscribed and sworn before me, this 3 day of May, 20 01.

5-17-03

My Commission Expires

Simon
 Notary Public

NCLEX-PN™ CANDIDATE REPORT

National Council Licensure Examination for Practical Nurses



National Council
of State Boards of Nursing, Inc.

Test Date: 07/03/2001
Test Center: S0902

Candidate Number: 105-59-846

Date of Birth:

Social Security Number:

Program Code: 24-999

Program Name: OKLAHOMA SPECIAL-RN EDUC CAND

A OKLAHOMA CITY, OK



DAWN MARIE RONSPIEZ
2451 TOWNSEND DRIVE
EL RENO, OK 73036

DAWN MARIE RONSPIEZ, an applicant for licensure by the
OKLAHOMA BOARD OF NURSING, HAS PASSED
the National Council Licensure Examination for Practical Nurses

NCLEX NCLEX

8/13/18 Page 1
9:14:49 NNVRG163

Licensure of History Report

Nurse: L 0045375 KARLIN, DAWN MARIE

Entry Date	Code	Bl ennl al	Recel ved	Effective	Expiration	Sts E/X
2004/01/01	LL			2004/01/01		L
2002/01/01	KL		2001/10/10	2002/01/01	2003/12/31	
2001/07/06	OH		2001/07/06	2001/07/06	2001/12/31	X
		Comment 1 DURING F/M CUTOFF *				
		MD175075				
		B8750003				
		Comment 2 EXAM TAKEN			8750	



Date

8/13/18

I certify this to be a true copy of the records on file with the Oklahoma Board of Nursing

Signed

[Signature]



OKLAHOMA BOARD OF NURSING

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www.ok.gov/nursing • Fax (405) 962-1821

Written Verification of Oklahoma Licensure/Recognition

Name: KARLIN, DAWN MARIE
Address: 2000 PINNACLE DR
WEATHERFORD, OK 73096

License Type: Registered Nurse
License Number: R 76671,SSL
License Status: Active
Licensed by: Examination

1st Issued OK*2002/05/30
Expiration: 2018/12/31

Education:
School: REDLANDS COMM COLLEGE-AD
Location: EL RENO OK
Type of Program: Associate - Nursing
Graduation Date: 2002/05/06
Oklahoma schools hold state approval.

Licensure Exam Date: 2002/05/25

Education and examination information may be considered primary source verification only if licensee was licensed by examination. If licensed by endorsement, education and examination information should be verified with original state of licensure.

A certified copy will have the Seal of the Oklahoma Board of Nursing.

Advance Practice Licensetion: CNM
Certifying Body: Amer Midwifery Cert Board
Certification: CNM-Certified Nurse Midwife
License Status: Active
License Expiration Date: 2018/12/31
Recognition 1st Issued in OK*: 2010/08/26
Prescriptive Authority Recognition:
Recognition Status: Inactive
Recognition Expiration Date:
Recognition 1st Issued in OK*: 2010/09/14

No disciplinary action has been taken by the Oklahoma Board of Nursing.

*First Issued Date does not imply continual licensure/
recognition status from that date forward.
To expedite the written verification of licensure/certification
process, this is the standard format for all written verifications.



OKLAHOMA BOARD OF NURSING

2915 CLASSEN BOULEVARD • SUITE 524 • OKLAHOMA CITY, OKLAHOMA 73106-5437 • (405) 962-1800

www.ok.gov/nursing • Fax (405) 962-1821

Written Verification of Oklahoma Licensure/Recognition

Name: KARLIN, DAWN MARIE

Robin E Bryant

Robin Bryant
Administrative Technician
Regulatory Services Division
August 13, 2018



P. 142
OFFICE USE ONLY:
O-S Rewrite _____
Approved by _____
AMK/wh 5-9-02

PART I
REGISTERED NURSE
APPLICATION FOR CERTIFICATE
BY EXAMINATION

I hereby make application for a Certificate as a Registered Nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.1-567.16)

(MUST BE TYPEWRITTEN)

Social Security #
Male Female X

1. FULL LEGAL NAME	Dawn Marie Smith	Ronspiez
	First Middle Maiden	Married

2. THREE FULL NAMES Dawn Marie Ronspiez
TO APPEAR ON LICENSE (No initials)

3. MAILING ADDRESS 23820 West Jensen Road
Street Address/Box Number

Calumet	Oklahoma	73014	(405) 306-4168
City	State	Zip	Phone No.

4. BIRTH DATE PLACE OF BIRTH OKC, OK US CITIZEN: Yes X No
Mo/Day/Yr City/State

5. NAME OF NURSING PROGRAM	Redlands Community College		
LOCATION (City/State)	El Reno, Oklahoma		
Associate Degree	X	Diploma	Baccalaureate Degree
Date of Entrance	08/21/00	Date of Completion	05/06/02

6. Were you enrolled in a nursing education program other than the one from which you are graduating? No X If yes, where?

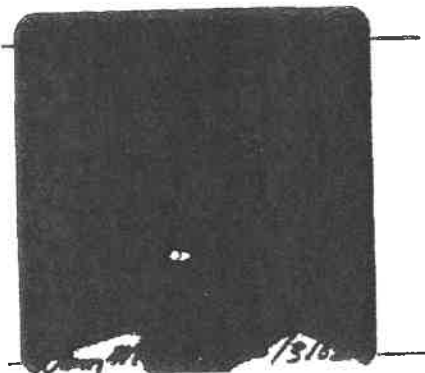
7. Have you ever applied for registered nurse licensure by examination in :
any other state? Yes___ No X If yes, identify date(s) and state(s):

8. Have you ever held a license or certificate in any health care field?
Yes X No

If yes, state: OK Lic/Cert type: LPN Lic/Cert Number: L0045375

9. Have you been arrested for any offense within the past five years? Yes _____ No X
10. Have you been convicted for any offense within the past five years? Yes _____ No X
11. Have you received a deferred sentence, including expunged offenses, within the past five years? Yes _____ No X
12. Have you ever been convicted of a felony? Yes _____ No X
13. Have you ever had disciplinary action taken on any health-related license in Oklahoma or any other state, territory or country? Yes _____ No X
14. Have you ever been judicially declared incompetent? Yes _____ No X

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FROM 9 THROUGH 14, PLEASE SUBMIT A LETTER AND COURT RECORDS AS DESCRIBED IN THE INSTRUCTIONS. THIS INFORMATION SHOULD BE SUBMITTED WITH YOUR APPLICATION AND THE CRIMINAL HISTORY RECORD FOUR MONTHS PRIOR TO COMPLETION OF THE NURSING PROGRAM.



Photograph must meet the following guidelines: size 2"x2" with minimum 1" full face view without glasses; neutral background; light-colored clothing; signed and dated on the front. Do not sign across the face.

AFFIDAVIT

(To be filled out by applicant before a Notary Public)

SIGN FULL NAME, INCLUDING MIDDLE NAME (NO INITIALS)
IF NO MIDDLE NAME, INDICATE "NMN". DO NOT PRINT.

I certify that I am the applicant who is referred to in the foregoing application for certificate as a licensed registered nurse in the state of Oklahoma and that the statements therein contained are true in every respect.

Signature of
applicant:

Marie Smith Benson
First Middle Maiden

Married

Subscribed and sworn before me, this 3rd day of May, 2002.

01-14-2004

My Commission expires

Form X09RN 08/01



KATHY BAYNE
Canadian County
Notary Public in and for
State of Oklahoma

My commission expires Jan 14 2004

Kathy Bayne
Notary Public

NCLEX-RN® CANDIDATE REPORT

National Council Licensure Examination for Registered Nurses

Test Date: 05/25/2002

Test Center: S0902

Candidate Number: 105-59-846

Date of Birth:

Social Security Number:

Program Code: 24-491

Program Name: REDLANDS COMM COLLEGE-AD

A EL RENO, OK

DAWN MARIE RONSPIEZ
23820 W JENSEN RD
CALUMET, OK 73014

NATIONAL



P. 144
National Council
of State Boards of Nursing, Inc.



DAWN MARIE RONSPIEZ, an applicant for licensure by the
OKLAHOMA BOARD OF NURSING, HAS PASSED
the National Council Licensure Examination for Registered Nurses

OKLAHOMA BOARD OF NURSING
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800

RECEIVED

AUG 11 2010

OBN RECEIVED

AUG 20 2010

OBN

APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE
TYPE OR PRINT IN BLACK INK ONLY

I hereby make application for recognition as an advanced practice nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.3(a)5).

SECTION I. APPLICANT INFORMATION

Type of Recognition (Check one): ARNP <input type="checkbox"/> CNM <input checked="" type="checkbox"/> CNS <input type="checkbox"/> CRNA <input type="checkbox"/>		RN License #
Check if Temporary Recognition Requested: <input type="checkbox"/>		Oklahoma Licensure Number <u>R0076671</u>
Social Security # _____	Date of Birth: mm ____ dd ____ yy ____	
Full legal name <u>Dawn</u> <u>Marie</u> <u>Smith</u> <u>Karlin</u>		
<small>First Middle Maiden (If applicable) Last</small>		
Mailing Address <u>23820 Jensen Rd NW</u>		
<u>Calumet</u> <u>OK</u> <u>73014</u> <u>405</u> <u>306</u> <u>4168</u>		
<small>City State Zip Telephone Number</small>		
Email Address <u>dawnkarlinrn@yahoo.com</u>		

SECTION II: EDUCATION

Name of School Offering Advanced Practice Nurse Program	<u>University of Cincinnati</u>
Location	<u>Cincinnati</u>
Type of program (Check one):	
Certificate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's in Nursing <input checked="" type="checkbox"/>	
Master's in Other field <input type="checkbox"/> Post-master's Certificate <input type="checkbox"/> Doctorate in Nursing <input type="checkbox"/>	
Date admitted to program <u>6-1-2008</u>	Date Program completed <u>6-12-2010</u>

SECTION III: CERTIFICATION INFORMATION

RECEIVED

TO BE COMPLETED BY THOSE APPLYING FOR INITIAL RECOGNITION

AUG 11 2010

Name of APN certification Certified Nurse Midwife

OBN

Name of national certifying body American Midwifery Certification BoardNational certification number CNM0172 Date of initial certification 7-27-10

TO BE COMPLETED BY THOSE APPLYING FOR TEMPORARY RECOGNITION

RECEIVED

Name of APN certification exam you are scheduled to write _____

Name of national certifying body _____

AUG 20 2010

Current or anticipated national certification code number _____

OBN

All applicants must select only one code from the list in *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing*, available on the Board's website:
www.ok.gov/nursing/prac-natlcert.pdf.

TO BE COMPLETED BY CNMs ONLY:

If you are applying for CNM recognition, have you enrolled in the Continuing Competency Assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board?

Yes ☒ No ☐

SECTION IV: EMPLOYMENT INFORMATION

Are you or have you ever practiced or represented yourself as an Advanced Practice nurse in the State of Oklahoma? Yes ☐ No ☒

If yes, list name and address of employer, your position title, and the last date you worked in a position requiring a nursing license.

Name of Employer _____

Address _____

Name of Supervisor _____

Supervisor's Telephone Number _____

Position Title _____

Last Date Worked in Position Requiring Nursing License _____

If no, list name and address of most recent employer: 8/18/10 OKMercy Hospital El Reno2115 Parkview Dr El Reno, OK

Name of Employer

Address

Position Title RN 8/18/10still currently employed as ofLast Date of Employment 8/18/10

Are you recognized as an advanced practice nurse in any other state(s)

Yes ☐ No ☒

If yes, give the name of state(s)

State _____

Number _____

State _____

Number _____

State _____

Number _____

State _____

Number _____

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SECTION VI: PHOTOGRAPH

AUG 11 2010

OBN

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AUG 20 2010

OBN



Photograph must meet the following guidelines:

- Size 2" x 2" with minimum 1" full face view without glasses.
- Neutral clothing; light colored clothing;
- Signed and dated on the front. Do not sign across the face.

SECTION VII: HISTORY OF ARREST, DISCIPLINARY ACTION, OR MENTAL INCOMPETENCE

1. Have you ever been arrested for any offenses in any state, territory, or country, including expunged offenses, with the exception of minor traffic offenses, not previously reported to the Board? Minor traffic violations do not include DUI) Yes ☐ No ☒
2. Have you ever been convicted of any offense in any state territory, or country, including expunged offenses, with the exception of minor traffic violations, not Previously reported to the Board? Yes ☐ No ☒
3. Have you ever received a deferred sentence, for any offense in any state territory, or country, including expunged offenses, not previously report to the Board? Yes ☐ No ☒
4. Have you ever been convicted of a felony in any state, territory, or country, not Previously reported to the Board? Yes ☐ No ☒
5. Have you ever had disciplinary action taken against your nursing license, recognition, or certificate; any health-related license, recognition, or certificate; or any application for a nursing or health-related license, recognition, or certificate in any state, territory or country, not previously reported to the Board? Yes ☐ No ☒
6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported to the Board? Yes ☐ No ☒

If any answer to any question #1 through #4 is yes, please submit a letter of description and certified copies of Information Sheet, Charges, Judgment and Sentence, or a certified copy of the Order of Expungement. If you answer yes to question #5, please submit a letter of description and certified copies of the charges/complaints, finding of fact, and orders of the Board. If you answer yes to question #7, please submit a letter of description and a certified copy of the Court Order.

SECTION VIII: APPLICANT'S STATEMENT

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OBN

Please check each of the following to verify your understanding:

- ☒ I understand that I must complete all questions on the application form, type or in black ink, with no white-out.
- ☒ I understand that I must sign the application using my full legal name in the presence of a Notary Public.
- ☒ I understand that I must attach a cashier's check or money order for \$70.00 to my application form prior to submission (plus an additional \$10.00 if a temporary recognition is requested). I understand that I can receive a temporary recognition only if I am a new graduate who has applied to the certification examination.
- ☒ I understand I must tape an original 2" x 2" photograph with my legible signature and date to the application form.
- ☒ I understand that if I answer "yes" to any question from #1 through #6, I must attach an original letter of description with my signature and certified copies of court records or the Board order.
- ☒ I understand that I must request that my advanced practice educational program submit an official transcript directly to the Board office.
- ☒ I understand that I must attach a legible photocopy of my current advanced practice certification card to the application.

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AUG 20 2010

OBN

AFFIDAVIT

Sign full name LEGIBLY – No initials – DO NOT PRINT – If no middle name, indicate "NMN".

I declare and affirm that the statements made in this application, including accompanying documents are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, may be cause for denial or loss of licensure.

Signature of Applicant:

Donna Marie Smith
 FIRST MIDDLE MAIDEN (if applicable) LAST

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of August, 2010.

Notary Public Signature:

Jane Ellen Kaulin

My Commission expires:

02016445
10-20-10

(NOTARY SEAL)



american midwifery certification board

August 4, 2010

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AUG 11 2010

OBN

To Whom It May Concern:

This is to verify that Dawn Karlin is indeed a certified nurse-midwife. She completed her course of studies at University of Cincinnati and subsequently sat the national certification examination. She was issued certificate number CNM0172 effective July 27, 2010.

The certificate of Dawn Karlin will expire on December 31, 2015.

Sincerely,

Denise M. Smith
Office Manager

849 International Drive
Suite 205
Linthicum, Maryland 21090
ph. 410.694.9424
fx. 410.694.9425
www.amcbmidwfe.org



OKLAHOMA BOARD OF NURSING
2915 N. Classen Blvd., Suite 524
Oklahoma City, OK 73106
(405) 962-1800

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AUG 11 2010

OBN

APPLICATION FOR RECOGNITION AS AN ADVANCED PRACTICE NURSE
TYPE OR PRINT IN BLACK INK ONLY

I hereby make application for recognition as an advanced practice nurse in accordance with the statutes of the State of Oklahoma (59 O.S. 567.3(a)5).

SECTION I. APPLICANT INFORMATION

Type of Recognition (Check one): ARNP <input type="checkbox"/> CNM <input checked="" type="checkbox"/> CNS <input type="checkbox"/> CRNA <input type="checkbox"/>		RN License #
Check if Temporary Recognition Requested: <input type="checkbox"/>		Oklahoma Licensure Number <u>R0076671</u>
Social Security # _____	Date of Birth: mm dd yy	
Full legal name <u>Dawn</u> <u>Marie</u> <u>Smith</u> <u>Karlin</u>		
<small>First Middle Maiden (If applicable) Last</small>		
Mailing Address <u>23820 Jensen Rd NW</u>	Box number or Street Address	
<u>Calumet</u> <u>OK</u> <u>73014</u> <u>405</u> <u>306</u> <u>4168</u>	City State Zip Telephone Number	
Email Address <u>dawnkarlinrn@yahoo.com</u>		

SECTION II: EDUCATION

Name of School Offering Advanced Practice Nurse Program	<u>University of Cincinnati</u>
Location	<u>Cincinnati</u>
Type of program (Check one):	
Certificate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's in Nursing <input checked="" type="checkbox"/>	
Master's in Other Field <input type="checkbox"/> Post-master's Certificate <input type="checkbox"/> Doctorate in Nursing <input type="checkbox"/>	
Date admitted to program <u>6-1-2008</u>	Date Program completed <u>6-12-2010</u>

SECTION III: CERTIFICATION INFORMATION

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TO BE COMPLETED BY THOSE APPLYING FOR INITIAL RECOGNITION

AUG 11 2010

Name of APN certification Certified Nurse Midwife

OBN

Name of national certifying body American Midwifery Certification BoardNational certification number CNM0172 Date of initial certification 7-27-10

TO BE COMPLETED BY THOSE APPLYING FOR TEMPORARY RECOGNITION

Name of APN certification exam you are scheduled to write _____

Name of national certifying body _____

Current or anticipated national certification code number _____

All applicants must select only one code from the list in *National Certifying Bodies and APN Certification Examinations Approved by the Oklahoma Board of Nursing*, available on the Board's website:
www.ok.gov/nursing/prac-natlcert.pdf.

TO BE COMPLETED BY CNMs ONLY:

If you are applying for CNM recognition, have you enrolled in the Continuing Competency Assessment (CCA) or Certificate Maintenance Program as maintained by the American Midwifery Certification Board?

Yes ☒ No ☐

SECTION IV: EMPLOYMENT INFORMATION

Are you or have you ever practiced or represented yourself as an Advanced Practice nurse in the State of Oklahoma? Yes ☐ No ☒

If yes, list name and address of employer, your position title, and the last date you worked in a position requiring a nursing license.

Name of Employer _____

Address _____

Name of Supervisor _____

Supervisor's Telephone Number _____

Position Title _____

Last Date Worked in Position Requiring Nursing License _____

If no, list name and address of most recent employer:

Name of Employer _____

Address _____

Position Title _____

Last Date of Employment _____

Are you recognized as an advanced practice nurse in any other state(s) Yes ☐ No ☒

If yes, give the name of state(s)

State _____ Number _____ State _____ Number _____

State _____ Number _____ State _____ Number _____

RECEIVED

SECTION VI: PHOTOGRAPH

AUG 11 2010

OBN



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4. Have you ever been convicted of a felony in any state, territory, or country, not Previously reported to the Board? Yes ☐ No ☒
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6. Have you ever been judicially declared incompetent in any state, territory, or country, not previously reported to the Board? Yes ☐ No ☒

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- ☒ I understand that I must attach a cashier's check or money order for \$70.00 to my application form prior to submission (plus an additional \$10.00 if a temporary recognition is requested). I understand that I can receive a temporary recognition only if I am a new graduate who has applied to the certification examination.
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- ☒ I understand that I must attach a legible photocopy of my current advanced practice certification card to the application.

AFFIDAVIT

Sign full name LEGIBLY - No initials - DO NOT PRINT - If no middle name, indicate "NMN".

I declare and affirm that the statements made in this application, including accompanying documents are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, may be cause for denial or loss of licensure.

Signature of Applicant: Donna Marie Smith
 FIRST MIDDLE MAIDEN (if applicable) LAST

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 10 day of August, 2010.

Notary Public Signature: Jane Ellen Karlin

My Commission expires: #02016445
10-20-10

(NOTARY SEAL)

8/13/18 Page 1
9:24:04 NINRG163

Licensure Old History Report

Nurse: R 0076671 KARLIN, DAWN MARIE

Entry Date	Code	Biennial	Received	Effective	Licensure	
					Expiration	Sts E/X
2005/01/01	KR	C4618066	2004/10/11	2005/01/01	2006/12/31	
2003/01/01	KR	K4385092	2002/10/25	2003/01/01	2004/12/31	
2002/07/10	OH	1494	2002/07/10	2002/07/10	2002/12/31	
2002/05/30	OH	N2359018	2002/05/30	2002/05/30	2002/12/31	X
		Comment 2	EXAM TAKEN	2359		

8/13/18 Page 1
9:24:08 NNVRG162

Licensure History Report

(For Office Use)

Nurse: R 0076671 KARLIN, DAWN MARIE

Code	Biennial	Received	Complete	Processed	Effective	License Expiration
Renewal RN APRN	D6291684	2016/10/14	2016/10/14	2016/10/17	2017/01/01	2018/12/31
Renewal RN APRN	C4282677	2014/10/08	2014/10/08	2014/10/09	2015/01/01	2016/12/31
PLACE ON INACTIVE - RX	I2298693	2014/01/08	2014/01/09	2014/01/09	2014/01/09	2014/12/31
	Comment: HX ENTRY					
Supervisor Physician Change	I2298693	2014/01/08				
Renewal RN AP Rx	I2298693	2012/10/12	2012/10/12	2012/10/24	2013/01/01	2014/12/31
Renewal RN AP Rx	N0341618	2010/10/17	2010/10/17	2010/12/07	2011/01/01	2012/12/31
Recognition Rx	O8308664	2010/09/08	2010/09/08	2010/09/14	2010/09/14	2010/12/31
Recognition APN	O8308664	2010/08/11	2010/08/20	2010/08/26	2009/01/01	2010/12/31
Renewal RN Online	O8308664	2008/10/31	2008/11/01	2008/11/01	2009/01/01	2010/12/31
Renewal RN Online	D6352674	2006/12/17	2006/12/18	2006/12/18	2007/01/01	2008/12/31



Date

8/13/18

I certify this to be a true copy of the records on file with the Oklahoma Board of Nursing

Signed

Dawn Marie Karlin

Moments of Bliss Midwifery Services LLC

Transferred on 11/7/16

Moments of Bliss Midwifery Services LLC
Dawn Karlin APRN-CNM
519 W Main St, Weatherford, OK 73096

Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

- I understand that I have had one or more prior cesarean(s)
- I understand that my midwife will follow OMA guidelines.
- I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.
- I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.
- The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter recuperation.
- I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without augmentation.
- I understand that my midwife will not augment or naturally stimulate a VBAC.
- I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.
- I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.
- I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.
- I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.
- I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.
- Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.
- I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section.
- I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.
- I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.
- I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as well.
- I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.
- I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

Client Patient #1 Date 06/02/2015

Witness [Signature] Date 6-2-15